

SERFF Tracking Number:	BEAZ-125605434	State:	Arkansas
Filing Company:	Beazley Insurance Company, Inc.	State Tracking Number:	EFT \$50
Company Tracking Number:	BICI-CP-AR-TERR2008A (F)		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Commercial Property Program - Terrorism		
Project Name/Number:	Terrorism Risk Insurance Form Filing/		

## Filing at a Glance

Company: Beazley Insurance Company, Inc.

Product Name: Commercial Property Program - SERFF Tr Num: BEAZ-125605434 State: Arkansas

Terrorism

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: BICI-CP-AR-TERR2008A (F)

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Renata Wright

Disposition Date: 05/06/2008

Date Submitted: 04/30/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 05/06/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 05/06/2008

State Filing Description:

## General Information

Project Name: Terrorism Risk Insurance Form Filing

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 05/06/2008

State Status Changed: 05/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Correction to Certified Acts of Terrorism, form BICCP4032-0108 previously submitted.

## Company and Contact

<i>SERFF Tracking Number:</i>	<i>BEAZ-125605434</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Commercial Property Program - Terrorism</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Form Filing/</i>		

### **Filing Contact Information**

Renata Wright, Sr. Compliance Analyst	renata.wright@beazley.com
30 Batterson Park Road	(860) 677-3737 [Phone]
Farmington, CT 06032	(860) 679-0247[FAX]

### **Filing Company Information**

Beazley Insurance Company, Inc.	CoCode: 37540	State of Domicile: Connecticut
30 Batterson Park Road	Group Code:	Company Type: Property and Casualty
Farmington, CT 06032	Group Name: N/A	State ID Number:
(860) 677-3700 ext. [Phone]	FEIN Number: 04-2656602	
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### **Filing Fees**

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Beazley Insurance Company, Inc.	\$50.00	04/30/2008	20012722

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	05/06/2008	05/06/2008

<i>SERFF Tracking Number:</i>	<i>BEAZ-125605434</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
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<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Form Filing/</i>		

## Disposition

Disposition Date: 05/06/2008

Effective Date (New): 05/06/2008

Effective Date (Renewal): 05/06/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	BEAZ-125605434	State:	Arkansas
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Project Name/Number:	Terrorism Risk Insurance Form Filing/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	cover letter	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document	Approved	Yes
Form	Certified Acts of Terrorism	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Certified Acts of Terrorism	BICCP40301082		Endorsement/Amendment/Conditions	Replaced Form #: BICCP4032-0108 Previous Filing #: BICI-CP-AR-TERR2008 (F)		BICCP4032-0108 Certified Acts of Terrorism.pdf

## Endorsement: Certified Acts of Terrorism

This endorsement attaches to and forms part of Policy Number x.

Effective x at 12:01 a.m. local standard time at the mailing address of the Named Insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

1. If coverage for ***Terrorism*** is provided under the terms of this Policy, the following Notice applies:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

2. Section X. Definitions, Item 52. ***Terrorism*** is deleted and replaced by the following:

52. ***Terrorism*** means any act that meets the criteria of Certified Act of Terrorism:

- a. Certified Act of Terrorism is an act that:
  - i. Is violent or dangerous to human life, property or infrastructure; and
  - ii. Results in damage in the United States or outside the United States to certain air carriers or vessels or to the premises of a United States mission; and
  - iii. Is committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and
  - iv. Results in property and casualty losses of at least five million dollars (\$5,000,000); and
  - v. Is certified as an act of terrorism by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, pursuant to the Federal Terrorism Risk Insurance Act.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNALTERED.

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## Rate Information

Rate data does NOT apply to filing.



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Product Name: Commercial Property Program - Terrorism  
Project Name/Number: Terrorism Risk Insurance Form Filing/

## Supporting Document Schedules

**Bypassed -Name:** Uniform Transmittal Document-Property & Casualty  
**Bypass Reason:** not required - terrorism filing  
**Comments:**

**Review Status:**  
Approved 05/06/2008

**Satisfied -Name:** cover letter  
**Comments:**  
**Attachment:**  
AR Supplemental Filing.pdf

**Review Status:**  
Approved 05/06/2008

**Satisfied -Name:** Expedited Filing Transmittal Document  
**Comments:**  
**Attachment:**  
AR Expedited Filing Form.pdf

**Review Status:**  
Approved 05/06/2008

April 30, 2008

Honorable Julie Benafield Bowman, Commissioner  
Arkansas Insurance Department  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

Beazley Insurance Company, Inc. – NAIC #37540  
Commercial Property  
Terrorism Risk Insurance Form Filing  
Company File Number: BICI-CP-AR-TERR2008A (F)  
Amendment to Company File Number: BICI-CP-AR-TERR2008 (F)

Dear Commissioner Bowman:

Beazley Insurance Company, Inc. hereby submits for your review an amendment to our recently filed terrorism forms to be used with our Commercial Property Program.

In order to provide proper notification to our Insureds, we have amended form BICCP4032-0108 – Certified Acts of Terrorism to include policy language regarding the \$100 billion cap and the limitations it could place on the Insured's coverage.

We trust you will find this submission acceptable and look forward to your acknowledgement. Should you have any questions or concerns, please feel free to contact me directly.

Sincerely,

Renata A. Wright  
Senior Compliance Analyst  
Tel: 866-623-2953 or 860-677-3737  
Fax: 860-679-0247  
E-Mail: renata.wright@beazley.com  
Enclosure

**Beazley Insurance  
Company, Inc.**

30 Batterson Park Road  
Farmington, CT 06032  
USA

Phone (860) 677 3700  
Fax (860) 679 0247

info@beazley.com  
www.beazley.com

beazley

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Beazley Insurance Company, Inc.	CT	37540	04-2656602

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Renata A. Wright, Senior Compliance Analyst 30 Batterson Park Road Farmington, CT 06032	860-677-3737	860-679-0247	Renata.wright@ Beazley.com

**Filing Information**

Line of Insurance (see attachment)	1.0000 - Property
Company Program Title (Marketing title) (if applicable)	1.0001 - Commercial Property
Filing Type ** see note below	Form Filing
This application is used with:	Commercial Property Program,
Effective Date Requested	upon submission
Filing date	4/30/2008
Company Tracking Number	BICI-CP-AR-TERR2008A (F)
Date filing approved in domiciliary state, if applicable	filed simultaneously

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Certified Acts of Terrorism	BICCP4032-0108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BICCP4032-0108	BICI-CP-AR- TERR2008 (F)

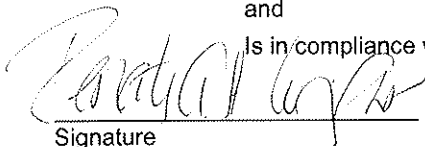
To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;  
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

  
Signature

Renata A. Wright  
Print Name:

Senior Compliance Analyst  
Title: